

FILEDU.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**

See "Instructions for Service of Process by U.S. Marshal"


OCT 27 2022

PLAINTIFF Carl A. Wescott	COURT CASE NUMBER 22-cv-04288-AGT
DEFENDANT Robert N. Weaver et al	TYPE OF PROCESS cmp, order, summons


**SERVE
AT**NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Robert N. WeaverADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
1388 Sutter Street #810, San Francisco CA 94109-5453

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Carl A. Wescott 8210 E. Via de la Escuela Scottsdale, AZ 85258 936-937-2688	Number of process to be served with this Form 285 3
	Number of parties to be served in this case 2
	Check for service on U.S.A.


SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415-522-4261	DATE 9/7/2022
---	---	----------------------------------	------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 3	District of Origin No. 11	District to Serve No. 11	Signature of Authorized USMS Deputy or Clerk 	Date 10/17/22
---	--------------------	------------------------------	-----------------------------	--	------------------

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	Date 10/26/22	Time 1223	<input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy 		

Costs shown on attached USMS Cost Sheet >>

REMARKS

10/24/22 - ENDEAVOR - FRONT DESK REFUSED SERVICE (1 PUSM, 1 HR, 2 MILES)

of DUSMs: 1

of hours for all DUSMs: 2

of round trip miles for all vehicles: 4

* CLERK OF THE COURT *